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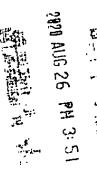
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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2020 AUG 26 PH 2: 19
SECRETARY OF STATI

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CORPORATE

When you need ACCESS to the world

ACCESŚ,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN				
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	xx	FILING	LLC			
1.		ACB Properties, L				
2.		(CORPORATE NAME AND DO	OCUMENT #)			
3.		(CORPORATE NAME AND DO	OCUMENT #)		,	
4.		(CORPORATE NAME AND DO	OCUMENT #)			
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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	ACB Properties, LLC	
SUBJEC		Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning thi	s matter to the following:
	Carol Bollo	
		Name of Person
	ACB Properties, LLC	
		Firm/Company
	1331 Marble Crest Way	
		Address
	Winter Garden, Florida 34787	
	cbollo@aol.com	City/State and Zip Code
		sed for future annual report notification)
For further	information concerning this matter, pl	ease call:
	Carol Bollo	407 230-4315
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
	Filing Fee \$130.00 Filing Fee & Certificate of Status	
	Mailing Address New Filing Section	Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

· ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2020 AUG 26 PM 2: 19

SECRETARY OF STATE TALLAHASSEE, FL

ACB Properties, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

Principal Of	fice Address:		Mailing Address:	
9350 S. Orange Blossom T	Frail, Suite 22		S. Orange Blossom Trail, Suite 22	
Orlando, Florida 32837		<u>Orlan</u>	Orlando, Florida 32837	
·	Florida registratio	on.)	'ou must designate an individual o	
he name and the Florida street addre	Florida registrations of the registered	on.)	<i>g</i>	
he name and the Florida street addre	Florida registratio	on.)		
he name and the Florida street addre <u>Ca</u>	Florida registrations of the registered	n.) Lagent are: Name		
	Florida registrations of the registered rol Bollo 31 Marble Crest W	n.) Lagent are: Name		
The name and the Florida street address Ca 13. Florida street address Ca	Florida registrations of the registered rol Bollo 31 Marble Crest W	n.) Lagent are: Name		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

3.5

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGRM	Carol Bollo
VIVA (XVI	1331 Marble Crest Way
	Winter Garden, Florida 34787
MGRM	Averaging D. D. H.
WCKW	Augustine D. Bollo 1331 Marble Crest Way
	Winter Garden, Florida 34787
	Willer Garden, Florida 54787
	<u> </u>
	SECRETARY TALLAHA!
	ALLAHAUSE
	AHAR
	
(Use attachment if necessary)	, , , , , , , , , , , , , , , , , , ,
	71 S
CLE V: Effective date, if other than the date of filing	g: (OPTIONAL) ┌─ 🎾 🔔
effective date is listed, the date must be specific an	nd cannot be more than five business days prior to or 90 days affe
ite of filing.)	applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State	's records
remem serious to date in the Department of State	3 1000103.
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	
REOUIRED SIGNATURE:	Ziele
REOUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.

Carol Bollo Typed or printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)